2011 Service Academy Academic Recommendation Form

Please type or print the required information

Principal or Guidance Counselor

This form must be completed by either a high school principal or guidance counselor. Please note that the completion of the recommendation form is a requirement for consideration for a nomination. Type or print and return your completed form to the applicant in a sealed envelope with your signature across the seal.

The following information must be included as it is an integral part of the service academy candidate's application. If your school does not rank students, please provide an accurate estimate of the applicant's class standing and an appropriate rank.

Name of Applicant					
	Last	First		Middle	
Social Security No.	Year in School				
Class Rank (mark one)				
Top 5% Weighted or Un-weig		15% O Top 20%	Тор 25%	Below 25%	
4.5 & Higher	3.7-4.4	$_{.4}$ $\bigcirc_{3.3-3.2}$ $\bigcirc_{3.}$	1-3.0 O _B	elow 3.0	
SAT Critical Reading SAT Math SAT Writing					
ACT English ACT Math ACT Writing Subscore (2-12)					
Additional Academic Criteria (mark all that apply) O Honors O AP Classes O IB Program					
Please use the following scale to rate the applicant's abilities					
		Excellent	Good	Fair	Poor
Leadership character	istics				
Personality traits					
Ability to get along w	ith and work well with o	thers			
Ability to work under	pressure				
Ability to take criticis	m				
Attendance, punctua	lity, and dependability				
Overall assessment o	f candidate				
General Comments:					
Date:		Signature:			
Title:		School:			